

# **EXHIBIT 3-E**

0162903

Sgt J Bronley / *[Signature]*  
 Officer's Name, Print and Signature  
**RECEIVED**

7/27/22  
 Date

CASE NO. ECI-0927-22

JUL 28 2022

WARDEN'S OFFICE  
 EASTERN CORRECTIONAL  
 INSTITUTION

**DIVISION OF CORRECTION**  
**REQUEST FOR ADMINISTRATIVE REMEDY**  
 (Instructions for completing this form are on the back)

TO: ☒ Warden, Managing Official, or Designee of Facility

Emergency Request: ☒ Check only if your complaint poses a continued threat to your health, safety, or welfare.

FROM: Holland Kennedy E 475884/2880671 ECI-W  
Last Name First Name Middle Initial CL Number Facility

Housing Location 4C-2 Protective Custody ☐ Administrative Segregation ☒ Disciplinary Segregation ☐

**Part A – INMATE REQUEST**

I have been on segregated housing, with no ticket ever written, for a month. They have told me that there is no bed space on the compound yet they just moved new people into the jail today. I want to be taken off of seg. immediately and a monetary compensation of \$100,000.00 for everyday here.

7-26-22  
 Date

*[Signature]* 475884  
 Signature of Inmate

**Part B – RESPONSE**

Date

Signature of Warden/Managing Official/Designee

You may appeal this response by following the procedure prescribed on the back of this form.

**Part C – RECEIPT**Case No. ECI-0927-22

RETURN TO: Holland Kennedy E 475-884  
Last Name First Name Middle Initial CL Number

ECI  
 Facility

I acknowledge receipt of your complaint dated \_\_\_\_\_ in regard to: Rewrite ARP + include dates; times  
what housing unit you were in before; what shift  
did you notify; who did you notify?

7/28/22  
 Date

*[Signature]*  
 Facility ARP Coordinator

Dismissed for procedural reasons: Final per C.O.M.A.R. 12.02.28.11.A(1)(b) Additional information is needed to investigate your request. Please resubmit by: 8/12 and include the following information.

0162903

Original: White – Facility ARP Coordinator  
 Copy: Canary - Inmate

Appendix E to DOC.185.0002

**Instructions to Inmates for Completing Request for Administrative Remedy, DOC Form 185.0002cC**

1. Use a typewriter or a pen with blue or black ink.
2. Your request must be addressed to the warden, managing official, or designee of the facility where you are housed, regardless of where the incident which you are complaining about occurred.
3. Your complaint must be submitted within the later of thirty (30) calendar days of the date on which the incident occurred or thirty (30) calendar days from the date that you first gained knowledge of the incident or injury giving rise to the complaint. Read COMAR 12.02.28 for a complete description of time frames.
4. If you believe that your request concerns a situation that poses a continuing threat to your health, safety, or welfare, you may ask that your request be processed as an emergency by checking the space provided.
5. Type or print the specifics of the complaint in the space provided in Part A. Use one form for each complaint or closely related complaints. Be sure to include the date of the incident, the names of the people involved, and a description of the incident. A description of any efforts you have made to resolve the incident informally before submitting this request is helpful. Keep the specifics as brief as possible. If you checked the Emergency Request space, you must include an explanation for why you believe your complaint should be processed as an emergency. If you need more space, use the continuation sheet that is in duplicate form.
6. Date and sign the request in the spaces provided in Part A. You may write "see attached" in Part A and attach a written or typed complaint on the continuation sheet that is in duplicate form.
7. Submit the request to an officer in the control center of the housing unit, a tier officer or a custody supervisor. If the warden, managing official, or designee has issued an Information Bulletin (IB) for submitting a Request for Administrative Remedy, follow those procedures.
8. If you need assistance in completing or submitting a Request for Administrative Remedy, write to your facility administrative remedy coordinator.
9. If at any time you wish to withdraw your complaint, please sign and date the Withdrawal Form, Appendix G to DOC.185.0002 and submit it to any staff member.

**Instructions to Staff for Completing - Receipt for Administrative Remedy, DOC Form 12.02.28c.**

1. Sign and date the form(s) in the upper right hand corner where indicated.
2. Give the canary copy of the form(s) to the inmate.
3. Deliver the white copy of the form(s) to a location designated by the warden/ managing official by the end of your shift.

**Inmate Appeal Procedure**

If you choose to appeal the warden's response, you must complete the Headquarters Appeal of Administrative Remedy Response, Appendix H to DOC.185.0002. The appeal must be received within 30 calendar days from the date you received the warden, managing official, or designee's response or within 30 calendar days from when the warden, managing official, or designee's response was due.